IN THE UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF MISSISSIPPI SOUTHERN DIVISION

BOBBY J. GOLDEN

PLAINTIFF

VERSUS

CASE NO. 1:06cv1006LG-JMR

HARRISON COUNTY, MISSISSIPPI;
SHERIFF GEORGE PAYNE, OFFICIALLY
AND IN HIS INDIVIDUAL CAPACITY;
LEE OATIS JACKSON, OFFICIALLY AND
IN HIS INDIVIDUAL CAPACITY; MAJOR
DIANNE GASTON-RILEY, OFFICIALLY
AND IN HER INDIVIDUAL CAPACITY;
CAPTAIN RICK GASTON, BOOKING
SUPERVISOR, OFFICIALLY AND IN HIS
INDIVIDUAL CAPACITY; CAPTAIN
PHILLIP TAYLOR, OFFICIALLY AND IN
HIS INDIVIDUAL CAPACITY; JOHN DOES
1-5, OFFICIALLY AND IN THEIR INDIVIDUAL
CAPACITY

DEFENDANTS

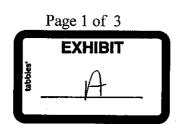
STATE OF MISSISSIPPI

COUNTY OF HARRISON

AFFIDAVIT OF WARDEN DONALD CABANA HARRISON COUNTY SHERIFF'S OFFICE

PERSONALLY CAME AND APPEARED BEFORE ME the undersigned authority in and for the County and State aforesaid, the within named, DONALD CABANA, who, after first being duly sworn by me on his oath, did depose and state the following:

My name is DONALD CABANA, and I am over the age of twenty-one (21)
years. I am a Major with the Harrison County Sheriff's Office and I am the
Director of Corrections for the Harrison County Adult Detention Center and



have held this position since August 18, 2006. I have personal knowledge of the matters and facts contained in this Affidavit and I am competent to testify to the matters stated herein.

- 2. As Director of Corrections for the Harrison County Sheriff's Office, I have first hand knowledge of the maintenance and/or storage of records of the Harrison County Sheriff's Office for the Adult Detention Center and what those records reflect, including inmate medical records, inmate court records, and policies of the Harrison County Sheriff's Office.
 - 3. I have attached hereto as Exhibit "1" relevant portions of Bobby Golden's inmate records. They are a true and correct copy of Plaintiff's inmate records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from information transmitted by, a person with knowledge of those matters.
- 4. I have attached hereto as Exhibit "2" relevant portions of Golden's medical records contained in the files of the Harrison County Adult Detention Center, which are maintained in the regular course of the law enforcement function of the Sheriff of Harrison County and the Harrison County Adult Detention Center, and were generated in the regular course and pursuant to the regular activities of and duties imposed by law upon the office of the Harrison County Sheriff and made at or near the time of the matters set forth or from

information transmitted by, a person with knowledge of those matters.

I certify the above declaration is true and correct under penalty of perjury.

Affiant/Donald Cabana

Harrison County, Mississippi

Sworn to and subscribed before me on this the 14h day of July, 2008.

Notary Public

My Commission Expires:

(SEAL)

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 26, 2008
BONDED THRU STEGALL NOTARY PUBLIC

	e 1:06-	cv-01006-l	LG-JMI	R D	ocun	ent 110	20K	-iled 07/0	7/68M	Page	ie Number 1 <mark>4 of 20</mark> 730	3
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D'IBERVILLE [Full Name of Person Arrested	(Last, First, N	HA Aiddle)	ARRISO	N COU	YTM	Alize M	OTI	HER			<u></u>	
GOLDEN B	o loby Street	JOC House Number			// State	I	OWE	-				
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40 Sex		Height Wei	ight H	air B	Eyes			Tatoos, Amputat	ions			
04106 1964	Place of Birth (City & State)	\ \		U	Contact		Emergency			Relationship	
Contact's Address	Street / I	House Number		City	/ State		Ker.	used Home Telephon	e Number		Business Telephone Numb	per
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O U Cash Bail Receipt	#	Jt	ustice []		Drunk Drugs	Resistiv	e	Jud HC:	ige SO			
Arresting Officer (ID # and Name)		c	hancery Assis	ding Officer(_	K Belligen	ent	Municipal Co		sporting Offi	cer (ID # and Name)	
How was Arrest Made?	JOH View	XI On Call □	Warrant	Other Person	ons Arres	ted for Same Of	fense	□None		. אר	M. Joseph	•
Officer Fingerprinting & Photograp	Date of \ ohing	Warrant Property Seized?		1. ≈ K(No	Teler	ohone Call [Yes (2)		2. Detective N	love ad		
Individual Armed Yes	XI No	Vehicle Towed?		s No	# Cal				Name: Supervisor		☐ Yes X No	
Weapon: Defendants Rights Given By	Date	By. Time	Place		1	witness(es)			Name:	Nouned .	C Yes R No	
Detention Date/Time	10	fficer (# & Name)							·	-	□ V □ F	erbal om
Facility					0	Property	#Cal	lled:] Yes [] No	Court C Docke	Clerk Use Only 26 93	82
Adult Detention Ji Release Date/Time	uvenile D		Shelter		Cell	Yes 🗆	No□		No	Line#	Page #	
03/305 NCIC Managative This		1	20	Release S	Status (Bo	SMC	ed, Etc.)	Sheriff's i	Receipt #	Book #		
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uvenile-Parent or Guardian Name	-	Address	St	reet / House	Number		Cit	ty / State .	Telephone /	,	Contacted By	
Hal Prompted Arrest Golden was at	~~~~ Was fur	d at 11	ـــــــــــــــــــــــــــــــــــــ	9100	\	1.4	<u> </u>					
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2									Gulfport	Police :	/ - 	

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☐ Juvenile Involved

OFFENSE REPORT

Case Number

05-007303

Offenso			<u> </u>					"	44,505	
	NCE (CIME	VIII DOCUMENT			Offense					· · · · · · · · · · · · · · · · · · ·
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22	07 31ST	ST GULFPO	RT,MS		39501		lame, If Commercial		MILCIOUS	MISCHIER
Offense Occurred Date 0	2/26/200	5 to Date 02	726/200	5 Date Re			Reported	N/		
Time	01:09		01:13	_	2/26/2005	_ 1		Days of Week Winer	Offense Occurred	Shat 🔲
1 Victims Full Name - (L CNALES, NI	ast First Middle) DA MTCHE	arr.		Home Ad	dress (City, State Zio)	<u></u>	01:13		W Th Fri Sa	
Victim D.O.B.	x Race	Social Security No	umber	2207	31ST ST	GULFPO	RT, MS 39	9501		865-0744
03/21/1976	F B	426-1	L3-5696	UNEM	PLOYED				Gusiness Te	Ceptione Number
1 Z 1	•	EARNEST I	ייי איז איז	1	dress (City, State, Zip)				Home Teleol	None hane Number
Victio U.O.O. Se	X Race		LARL Inber	4809	INDIANA / School & Address	AVE GUI	LFPORT, M	IS 39501	I	669-9016
05/14/1958	M B		58708375	0 256	OAK ST. E				Gusiness Tel	ephone Number
3 U V RP FU	- runto - (case Pust	woose)		Home Add	lress (Cdy. State, Zip)				(228) Hotte Teleph	868-4853
Victim D.O.B. Se	Race	Social Security Nu	mber	Employer	School & Address					-one regulate
[71					e de la companya de				Business Tek	ephone Number
Victim-Suspect E 1	23 23		Scene Processe Yes MNo	d for Latent Pr	ints?	Alcohol Relate		Case In	vestigated:	
	□2 □3	Relative [] None Found (Allach Separa	te Narrative)	Gaming Relat		iateo lingur.	elephone 120 At Sc	ene 🔲 Walk-in
TETS -	Article	Brand, I	Make or Manufactur		let Name or Number		xion (Color, Size, Etc.)	UOther	Number and/or OAN	<u> </u>
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DEOS				· / .			<u></u>			
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□R□D			North Maria							
OEOS OROD						 				
□E□S: Vehide Licens □R□D	e Number	State	Vehicle Y	ear Make	<u> 162 - 162 - 163 </u>	Model / Style				
chicle Identification Number - VIN			130000 00			, moder other		Color	140	Value
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D.#:6620 Name:M. (I.D.#:	Name:			Detective As			
pe of Premises	CODE	<u> </u>		CODE				Name: E STATUS		
pject of Attack		Use of Weapon		N/A	OPE	EN .		CLO		
int of Entry		Method of Departur	·	N/A	☐ Suspended / In	active	M Cleared Add			
thod of Entry		Demeanor of Suspe		N/A	☐ Patrol Follow-U	J p	☐ Cleared Exc		Referred To F	
thod of Attack - (Person)		Evidence Obtained		N/A	☐ Detective Follo		☐ Cleared Juv	1.14	Referred To Ju	rapics Conut
thod of Attack - (Property)		Place of Offense		N/A	Signed Affida M Yes □ No	vit?:		eptional Juvenile	☐ Referred To:	19 mm
apon Type		Fraud Type		N/A	D Will Sign Later	791, 19 - 19 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2	Unfounded			
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LI JUVENILE INVOLVED Case 1:06-¢v	01WBLG3RW A	BREST/B	OOKING:	7/OPRM P	Pase Number 20
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D'IBERVILLE	HARRISON COL	INTY 🔲	OTHER []	- .	THE STITUTE OF
Full Name of Person Arrested (Last, First, Middl GCLDEN, BOBBY JOE	e)	Alias,	Maiden or Nickname		
Address of Defendant Street / Ho 8254 LOUISIANA AVE	use Number Cit GULFPORT	y / State	Home Teleph	one Number	E None
DL State DL Number	☐ None ☐ Expired ☐ Sus	pended	9501 (Dt. Type	M Operators	DL Expiration Date
Occupation and Employer Unemp	435117575			Commercial Social Security (
REFUSED Age Sex Race He	aght Weight Hair	Eyes Scars.	Buth Marks, Taloos, Amout	435-	Number E Same as DL -11-7575
40 M B Date of Birth Place of Birth (Cit	603 186 B	BRO none	ı	ations	
04/06/1964	REFUSED	Contac	in Event of Emergency REFUS	ED	Relationship N/A
N/A	use Number Caly N/A	// State N/A	Home Teleph	one Number	Business Telephone Number
Date of Arrest 02/26/2005 S M Tu W Th. Fr Sa	Time of Arrest Location of Arre 01:37 2207 318	st ST GULFPORT	MS coop	PLEA	COLIDA OF THE
Change / Offense Felony Misdems DOMESTIC VIOLENCE (SIMPLE AS	oper 13 Tests		2200 3 Bond An	9001 A3	Disposition \$1622 - 1 180 03
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Charge / Offense	anor Traffic Date of Offense	Court Date / Time	Bond An	iount	serve 15 day
Charge / Offense ☐ Felony ☐ Misdema:	arior Traffic Date of Offense	Court Date / Time	Bond Am		
Charge (Offense ☐ Felony ☐ Misdemer	anor Date of Offense				
	Online	Court Date / Time	5030 Bond Am	ount	
16	le Shelter Municipal Court	Check All Items That A	pply Bond Auth	orized By Total	Bood N/A
O II Bond Company	Properation Indicial	□ Drinking □ Coop ⊠ Drinsk ■ Resia		Judge Alenie	3
D S □ Cash Ball Receipt # Arresting Officer (ID,# and Name)	Chancery []	J Drugs ⊭ Be√ig	erent Municipal	ICSO Court	
6620 М. ЈОЅЕРН #177	none	(s) (ID # and Name)		Transportin	Officer (ID.# and Name) 1. JOSEPH #177
Judge Date of Wa	On Call Warrant Other Pen	sons Arrested for Same (Mone Mone	2	
Officer Fingerprining & Photographing	Property Seczed? ☐ Yes Ki No	Telephone Call # Called:	☐ Yes X No ☐ Refus		□Yes X No
Individual Armed Yes X No. Weapon:	Vahide Towed? ☐ Yes 💆 No. By	Hold Placed On Ve	nicle? ☐ Yes 🙍 No	Name: Supervisor Notified	☐ Yes 図 No
Defendants Rights Given By Date DONE	Time , Place	Authorized By Witness(es)		Name:	☐ Verbal
	N /	A N/A	Phone Cat Made	☐ Yes ☐ No ☐ c	Ourt Clerk Use Only
Facility		N/A	# Called:		ocket #: _200
Adult Detention Juvenile De		N/A Yes	□ No□ Yesi	⊃ No⊡ _ L	ine # Page #
NCIC Negative Htt NCIC#		Constant (IIIIa 3)	5han	n s Receipt#	oc # 634
	2005-1	0090	CT0090	51 49	ency
	Parole County	Offense		Ca	88 Supervisor
Old Times of Negative of this Amount	Yotal Days Given	Docket Number		Case Number	
Juvende-Parent or Guardian Name	Address Street/Hou	se Number	City / State	Telephone #	Contacted By
What Prompted Arrest					
GOLDEN WAS ARRESTED AT 1 VICLENCE,	THE ABOVE LOCATION	FOR SIMPLE	ASSAULT REQ	UIRING MEDI	CAL (DOMESTIC
hde – Original/Records Pink – Clark Yellow	Detectives Varie Copy - Patrot	Gold Jail			<u>***</u> *********************************

Document 110-2 Filed 07/07/08 Page 7 of 20 Case 1:06-cv-01006-LG-JMR GULFPORT POLICE DEPARTMENT ☐ Juvenile Involved Case Number DOMESTIC VIOLENCE SUPPLEMENTAL REPORT 05-007303 Location of Incident (Street Address) 2207 31ST ST GULFPORT, MS 39501 (1) Victim (Last, First, Middle) CNALES, NIDA MICHELLE Race Sex (2) Victim (Last, First, Middle) В F Race Sex (3) Victim (Last, First, Middle) Race Sex Relationship Between Victim & Suspect □ Spouse ☐ Former / Estranged Spouse ☐ Girlfriend ☐ Living Together ☐ Same Sex ☐ Child □ Dating / Engaged ☐ Former Dating ☐ Parent □ Boyfriend ☐ Former Co-Habitants Nature of Complaint ☐ Other ☐ Verbal Assault Physical Assault ☐ Sexual Assault Alcohol Involved X Yes ☐ Custody Dispute ☐ Ştandby Drugs Involved □ No ☐ Yes Weapon Used? Ø No ☐ Yes ⊠ No By: ⊠ Suspect Type: □ Victim By: Suspect □ Victim Weapon Selzed? ☐ Yes 🛭 No How Used: Physical Attack? ⊠ Yes □ No Punched □ Slapped ☐ Bit ☐ Pushed ☐ Choked ☐ Grabbed □ Other Type of Threat?. ☐ To Take Children ☐ To Damage Property ☑ To Kill Victim ☑ To Hurt Victim ☐ To Hurt Others ☐ Other - Describe: Victim / Reporting Party Demeanor (Check all that apply) Victim / R/P Appeared ☐ Angry ☐ Calm ☐ Apologetic ☐ Hysterical Suspect Demeanor ☐ Nervous (Check all that apply) ☐ Threatening Afraid Suspect Appeared ☑ Angry ☐ Calm ☐ Apologetic Were Children present?

✓ Yes ☐ No ☐ Crying ☐ Fearful ☐ Hysterical: ☐ Nervous M Threatening ☐ Afraid Did Victim Receive Medical Treatment? ☑ Yes ☐ No If Yes, Where? GULFPORT MEMORIAL Were Victim's Injuries Visible / Apparent? ☑ Yes ☐ No If Yes, Describe: ☐ Bruises ☐ Abrasions ☐ Lacerations Photographs Taken? ☐ Yes ☑ No ☐ Photos of Victim's Injuries ☐ Photos of Suspect's Injuries ☐ Other: ☐ Minor Cuts Complaint of Pain Evidence Collected? ☐ Yes ⊠ No Type: Evidence Disposition Property Room Court ☐ CID ☐ Domestic Violence Unit ☐ Returned ☐ Other: SUSPECT (GOLDEN, BOBBY JOE) WERE IN An INTIMATE RELATIONSHIP AT THE TIME OF THE INCIDENT. CNALES STATED THAT GOLDEN BROKE THE REAR SLIDING GLASS DOOR TO GAIN ENTRY TO HER RESIDENCE. CNALES STATED THAT GOLDEN BECAME ENRAGED WHEN HE FOUND ANOTHER MAN

Reviewing Supervisor CID: CID Date of Report I.D. # 6620 Name M. JOSEPH 1.D.# ☑ Patrol Name 02/26/2005. Disposition ☐ Closed – Unfounded ☐ Closed - Other

(PHILLIPS, EARNEST EARL) IN THE BEDROOM WITH HER. CNALES STATED THAT GOLDEN THEN ENTERED THE BEDROOM AND ASSAULTED HER BY PUNCHING HER IN THE HEAD WITH A CLOSED FIST. CNALES STATED THAT PHILLIPS WAS THEN ASSAULTED BY GOLDEN. CNALES WAS TRANSPORTED TO GULFPORT MEMORIAL HOSPITAL. CNALES HAD A LARGE CONTUSION ON THE RIGHT SIDE OF HER FOREHEAD. GOLDEN WAS

White - Original/Records Yellow - Detectives/Court Domestic Violence Supplemental Report

□ DHS

Referrals

EXTREMELY INTOXICATED AND VERY BELLIGERENT

DV Unit

☐ Women's Shelter ☐ Mental Health ☐ Local Area Hospital ☐ Other

Affidavit Signed? MYes □No □ Will Sign Later ☐ Juvenile Involved
☐ GULFPORT POLICE DEPARTMENT

NARRATIVE REPORT

Case Number 05-007303

	141 CLOUNTER TO	MEPURI	1	ा राज्यम् ः
☐ Original Report	Type Offense / Incident		To-t- drawn	
☑ Offense Supplement ☐ Custody Supplement	DOMESTIC VIOLENCE (SIMPLE ASSAULT REQ. ME MALICIOUS MISCHIEF SIMPLE ASS	DICAL) TRESPASSING	Date of This Report 02/26/2005	Date of Original Report Zip Code Ar 02/26/2005 39501 A
☐ Follow-up Report ☐ Other	CNALES, NIDA MICHELLE; PHILL		Numbers of Connected Co	ases
Status* Qly Article	FARNEST EARL Brand, Make or Manufacturer Model Name or		(Color, Size, Etc) S	Secretaria de la constanta de
ON 02/26/05, AI	PPROX. 0113 HRS., OFFICER DYE	193 AND I RE	SPONDED TO 2	P 2 0 7 3 1 CW CW T T T T T T T T T T T T T T T T T
REFERENCE TO A FIGHT	I UPON ARRIVAL WE MADE CONTAC	T WITH B/F N	IDA MICHELLE	CNAIRS ON THE
THAT B/M BOBBY JOE C	GOLDEN ENTERED HER RESIDENCE E	RY SHATTERING	TOW HTCHEDDE	CNALES. SHE ADVISE
DOOK AND PHISICALLY	ASSAULTED HER. I THEN WENT TO	THE DEN WHE	RE I OBSERVE	D COLDEN THING
DOWN ON THE FLOOR BL	LEEDING FROM THE MOUTH. I ALSO	OBSERVED SE	MEDNT CHAS C	D GOLDEN LYING FACE
NECK. CNALES ADVISED	THAT GOLDEN GOT THE INJURIES	МИЕМ АТТЕМР ¹	AFERTA COTO O	N GOLDEN'S FACE AND
PHILLIPS WHO WAS IN	THE RESIDENCE WITH HER. CNALE	S STATED THAT	m vened boev	LT B/M EARNEST EARL
DOOR GOLDEN CAME TO	THE BEDROOM AND BEGAN BEATING	ON THE DOOR	T ALLER DREAM	KING THE SLIDING
TO LEAVE AND REFUSED	CNALES STATED THAT GOLDEN G	ATMEN ENTRY	AI IMAL II.	ME GOLDEN WAS TOLD
DOOR. CNALES ADVISED	THAT GOLDEN THEN BEGAN TO AS	CYLLA RED BA	TO THE BEDKO	OM BY KICKING THE
CLOSED FIST. CNALES	STATED THE SHE MOMENTARILY GO	A PMYA EDOM (PUNCHING HE	R IN THE FACE WITH A
SHE STATED THAT GOLD	EN THEN ATTEMPTED TO ASSAULT I	T WAY THOU	OUDDEN AND CA	ALLED THE POLICE.
ASSAULTED HIM BY GRAI	BBING HIS SHIRT AND PUNCHING I	итм мтфи A СТ	COUR STOR	ED THAT GOLDEN THEN
HE PUNCHED GOLDEN SET	VERAL TIMES IN AN ATTEMPT TO (CLA HIM OLL	COLDEN DING	PHILLIPS STATED THAT
POINT THAT HE DEFECAT	TED AND URINATED ON HIMSELF. O	COLDEN MAG AE	GULDEN WAS	INTOXICATED TO THE
ON THE SCENE AND THRE	EATENED TO KILL PHILLIPS. CNAI	THE WAS TRANS	TOODER TO MI	IVE TOWARDS OFFICERS
RECEIVE TREATMENT FOR	R A LARGE CONTUSION ON HER FOR	OCUPAN CNATE	PURILL TO PH	EMORIAL HOSPITAL TO
RELATIONSHIP AT THE T	TIME OF THE INCIDENT.	CHEAD. OWILL	S AND MEKE I	IN AN INTIMATE
			1	
			<u></u>	
			OFFENSE S	TATUS
Reporting Officer: ID#6620 N	tame M. JOSEPH	OPEN		CLOSED
	lame	☐ Suspended / Inactive	⊠ Cleared Adult Arrest	CLOSED Unfounded
	tame	☐ Patrol Follow-up	☐ Cleared Exceptional A	
	- Stolen R - Recovered D - Damaged	Detective Follow-up	Cleared Juvenile Arre	
Widence Disposition: Property Room		Signed Affidavit?	☐ Cleared Exceptional J	luvenile Referred to Other:
☐ Property Invoice	■ Narrative	☐ Yes □ No □ Will Sign Later	☐ Other Cleared Excep	ition

GULFPORT POLICE DEPARTMENT

SUSPECT REPORT

Case Number

05-007:

Case Number	
05-007303	

Suspect #1 Name - (Last, First, Middle GOLDEN, BOBBY JOE	e)							Suspect's A							
Nickname / AKA			···					82 <u>5</u> 4, I	ous	IAN	A AVE.	GULFPO	RT, MS	3950	1
NONE			1	e of Bi				Age	Sex		Race	Htt	WI	Hair	
Suspect #2 Name	· · · · · · · · · · · · · · · · · · ·			04/	U6,	/ I 9	64	40	- 1	M	В	603	180	В	Eyes BRO
Suspect #4 Name					-			Suspect's A	ddress	·	L	·		<u></u>	
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SMS		Gulf Coast Divi Patient Care R	leakeen	/ Natchez (888) 267-1920
	TAG # TX Miles #		X FROM:	Monroe (800) 456-8542
13 212610st	TX Miles	- Treinsais	GPT PP	Approx. Incident Time
PATIENT NAME. Last	First	M.I. Age T	X TO:	Call Received
GOLDEN	1 BOBBY	12.	REFUSAL BY GFD	
☐ F TO Scene DE NE		CHOSEN BY: STATUS A	T DEST. MED CONTROL RACE	Amb. Dispatched
FR Scene DEDNE		at apply)	orated ALS ONLY IT White IT Other	Amb. Enroute
DRY RUN INFORMA	TION	u Jeanent	MD @ Seson	` L
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Rx, No Tx (3) No Rx.	DOS (6)	Li by Pass	arige In Water In	Pt. Contact.
☐ Rx. Tx - Other (3)	☐ Găardian		Written D Native American	
MECHANISM	PRIOR MEDICAL HX	PATIENT PROTECTION (n	nvc) CPR	Amb. Depart Scene
TRAUMA CALLS ONLY. CHECK ALL THAT APPLY	Check All That Apply	☐ Shoulder Belt ☐ Helmet	4. 4-8 9-15 >15	Arrive Dest.
Ø N/A	☐ Cardiac	☐ Lap Beit ☐ Safety: ☐ Air Bag ☐ None U	Seat Arrest to CPR?	Tanvo Dost.
☐ Burns	☐ EENT	Was Seatbelt Automatic?	Arrest to Deffo? \[\Pi \Pi \qquad \Pi \Pi \Pi \Pi \Pi \Pi \Pi \Pi	Available
☐ Death-Same MV ☐ Deformity 20+ in.	☐ Endocrine ☐ Gastro-intestinal	☐ Yes ☐ No	Pulse Restored? ☐ Yes ☐ No	Extricated
☐ Ejection	☐ Hematologic	PATIENT LOCATION		Extricated
☐ Extricate > 20 min.	☐ Hepatic	□Drv □Pass □Rear □C	PUPILS PRIOR AID DEPORT OF THE	ALLERGIES
☐ Fall <20'	☐ Infectious Disease	INITIAL AVPU/GCS	A AED	ALLERGIES
☐ Flail Segment	☐ Integumentary ☐ Musculoskeletal	Eyes Verbal Mo	tor D D Bystander	NEPA
☐ Intrusion 12+ in.	☐ Neurological	A Spon Dorient Do	beys C C Police	λ
☐ Limb Paralysis	No Medical History	V ☐Spch ☐ Confus ☐ Lo P ☐ Pain ☐ Inappr ☐ W	Medical	CURRENT MEDS
☐ Motorcycle 20+ mph/sep ☐ Ped. Run-over	☐ Psychological ☐ Respiratory	U None Garble Fi	exion NR NR Fire Dept	Y NONE
☐ Ped vs MV 5+ moh	☐ Vascular	□ None □ Ex	tend CAP REFILL RESPEYEN	
Rollover Poss Self-Inflicted	Renal/GU		one 2 < 2 sec. D Normal	
☐ Poss Self-Inflicted ☐ Speed 40+ mph	☐ Unknowa ☐ Other	SKIN CONDITION	→ □ > 2 sec. □ Abnormal	
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TIME (24hr) B/P P	R O2 sat ECG (atta		NO. LEVEL TX MISCELLANEOUS	Person Receiving PT
		Driver JOHNSCN	2878 P - Records Tx? TY TIA	
		Medic in Chrg SARNES	2397 P DNR/AD? DYUN	u
			Alert ID Tag OYDN	Med Control MD
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TIME AID GIVEN	: Include Meds, Amt, Rou		Dispatched Nature of Call/ EMD Determinant	□ SAA
(24hr) ETCO2,CB	G.Laryngoscopy O2 Sat, E	to. SUATMP EMP.#		and the second s
ALS ASSESSI	MENT: YES Z	ЮП / / / / / / / / / / / / / / / / / / /	Nature of Call @ Scene. (Inc. C/C)	
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			Patient Found: (On floor, in bed, etc.)	
<u> </u>	en e		AMBUCATING	
			Why Was TX by Ambulance Medically Necess	sary?
			REFUSAL	
	and the second s		10010010	***
NARRATIVE: (C) Chief Complaint (H) Hx of Present Illness (A) Asses	sment (R) Rx Treatment (T) Transp	ort Treatment, Changes, Condition	<u> </u>
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GENERAL AFFIDAVIT
GULFPORT MUNICIPAL COURT

CASE # 05-007303

DCC: V. ODOM

Approved by: ////

STATE OF MISSISSIPPI HARRISON COUNTY THE CITY OF GULFPORT

Personally appeared before me, the undersigned Deputy Municipal Court Clerk of the City of Gulfport, Mississippi MARK JOSEPH #177 who makes oath on information that on or about the 26th day of February , 2005 , within the corporate limits of said City and in the jurisdiction of this court BOBBY JOE GOLDEN did purposely, knowingly and unlawfully COMMIT AN ACT OF DOMESTIC VIOLENCE IN THAT HE CAUSED BODILY INJURY TO NIDA MICHELLE CNALES, BY STRIKING HER IN THE HEAD WITH A CLOSED FIST. RESULTING IN A LARGE CONTUSION ON THE RIGHT SIDE OF HER FOREHEAD WHICH REQUIRED MEDICAL TREATMENT, AT 2207 - 31ST STREET. NIDA MICHELLE CNALES HAD THE FOLLOWING RELATIONSHIP TO BOBBY JOE GOLDEN AT THE TIME OF THE BOYFRIEND AND GIRLFRIEND LIVING IN SEPARATE ASSAULT: RESIDENCE.

This in the City of Gulfport, First Judicial District, Harrison County, State of Mississippi, in violation of § 97-3-7(3) Mississippi Code of 1972, Annotated and Amended; against the peace and dignity of the State of Mississippi and contrary to the ordinances of said City in such cases made and provided and the good order and peace thereof.

March S. C) orape

Affiant

Sworn and subscribed before me on February 26, 2005

Deputy Court Clerk

IN THE MUNICIPAL COURT OF THE CITY OF GULFPORT FIRST JUDICIAL DISTRICT OF HARRISON COUNTY, MISSISSIPPI

City of Gulfport

VERSUS

DOCKET NO. 0502 76

WAIVER OF RIGHTS AND ENTRY OF GUILTY PLEA

I, the undersigned Defendant, desire to plead guilty to the charge(s) of:

I understand that by pleading guilty to this (these) charge(s) I will be found guilty and sentenced by the Court.

I understand the sentence may include a fine, restitution, court costs, probation, and or imprisonment in jail.

I understand that by entering this plea that I am giving up the following rights:

I am giving up the right to a speedy and public trial.

I am giving up the right to cross-examine witnesses who may testify against me.

I am giving up the right to call and/or subpoena witnesses to testify in my behalf. I am giving up the right to have legal representation.

I am giving up the right to require that the City prove the charges against me beyond a

I am giving up the right to testify in my own behalf.

I understand that if I am later convicted of another crime, my guilty plea in this case could cause me to receive a more severe penalty for that later crime.

I hereby certify under oath that in entering this plea, no promises have been made nor has any duress or coercion been applied.

I further certify under oath that I have read and understand all of the above and that I desire to waive my rights and enter a plea of guilty.

Defendant

Minicipal Court Judge

SWORN TO AND SUBSRIBED BEFORE ME, this the

GMC-FORM-MC-48(5-8-03)

Investigation File 0030

STATE OF MISSISSIPPI

County of Harrison City of Gulfport



Judge of the Municipal Court

To:	Harrison County Sheriff's Departm	nent	Case #: 05-007303
Name	: Bobby J Golden	269382	
Dispos	sition is as follows:		
Dome	stic Violence Simple Assault req.		*622 the
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	Credit for the	Serveo	,0′
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	And was ORDERED by the l	Municipal Cour	t.
Date: (03/01/2005		m

MUNICIPAL COURT

City of Gulfport 2200 - 15th Street Gulfport, Mississippi 39501 228-868-5855



IN THE MUNICIPAL COURT OF THE CITY OF GULFPORT FIRST JUDICIAL DISTRICT OF HARRISON COUNTY, MISSISSIPPI

CITY OF GULFI	· - · · · · · · · · · · · · · · · · · ·		PLAINTIFI
VERSUS	goldeni	DOCKET NUMBER	D5.03.01
bobby be	Goldon		DEFENDANT

JUDGEMENT ON PLEA

THIS CAUSE CAME TO BE HEARD this date, the Defendant having appeared in open Court in proper person, having been advised of the right to a trial on the issues, of the rights being that the plea should be accepted. It is therefore,

waived by entering a plea of guilty, and having advised the Court that said Defendant desires to plead guilty to the charges set forth below. The court is of the opinion that the plea of guilty is freely, knowingly and intelligently made, that sufficient evidence exists to adjudge the Defendant guilty, and ORDERED that the Defendant be sentenced as/follows: IT IS FURTHER ORDERED that the above fine/sentence be implemented or paid as follows SO ORDERED this the day of MUNICIPAL COURT JUDGE

Document 110-2 Filed 07/07/08 Page 15 of 20 Y ADULT DETEN ON FACILITY

4 11523CA8 Classification Record I. Assessment/Reassessment

Name: Golden, box) (a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	DOB:	4-6-64
Social Security #: 435117575	$\begin{array}{ccc} O & \\ O & BSC: & \\ \end{array}$		269332
Current Charges: Assault (P _v)	Mør F	Sentenced Pre-trial
Housing Assignment: Block	Section	Cell	
CHECK LIST Handbook Provided Visitation Form Provided Special Skills ID Band Issued Property Receipt Copy Religion Preference	YES Q Q Q	NO (li	st skills verbalized)
SPECIAL SKILLS INMATE CAN READ INMATE CAN WRITE PHYSICAL CONDITION Comments 1000000000000000000000000000000000000	NoNoGood	Fair	(Visual Appearance)
LANGUAGE English _ ~	Spanish	Other _	
By signing below I acknowledge that I have a visitation form and a Harrison County Ad as an inmate of the HCADC for my use but mental inmate's Signature	ult Detention Facility Im	mate Handbook g upon my rele -	That is issued to me
Classification Officer	Badge #	<u> </u>	Date

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